

2015 DC FREE SUMMER MEALS PROGRAM

SPONSORS INTENT TO PARTICIPATE FORM

Sponsor Name _____

Address _____

Telephone # _____

Contact Person _____

Title _____

Email Address _____

Number of Sites Anticipated _____ Ward(s) _____

Dates of Operation: Start _____ End _____

Month (s)	Estimated Operating days per month	Estimate of Children served per day	Breakfast	Lunch	Snack	Supper
June						
July						
August						
September						
Totals						

Completion of this form does not obligate the Sponsor to participant in the DC Free Summer Meals Program for 2015. The primary purpose of this form is to utilize the data to provide preliminary information to the USDA on the number of potential sponsors for summer 2015. Thank you for your interest and your continued assistance in providing the children of DC with nutritious meals during the summer. Please return this form no later than: **Friday, February 27, 2015**

If you have any questions, contact **Elisabeth Sweeting**, Program Specialist for the DC Free Summer Meals Program at **(202) 724-7628** or email elisabeth.sweeting@dc.gov. You are encouraged to e-mail your Intent to Participate form or you may fax it to (202) 724-7656, Attn: Elisabeth Sweeting, Summer Meals 2015.